

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
Print your name and address on the reverse so that we can return the card to you.  
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Shirley A. McClure  
1290 Villa Parke  
Amelia, OH 45102

A. Signature

X *Charles McClure*  
B. Received by (Printed Name)  
Charles McClure

☐ Agent☐ Addressee

Date of Delivery

D. Is delivery address different from item 1?

☐ Yes☒ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

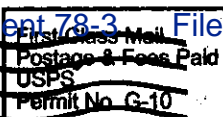
(Transfer from service label)

7001 2510 0008 6347 8736

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540



OFFICE OF THE CLERK  
U. S. DISTRICT COURT  
Rm. 324 U. S. Courthouse  
5th & Walnut Streets  
Cincinnati, Ohio 45202

C-1-01-751 SSFB

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